

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW

| | | | |
|---|----------------------|--|-------------------------------|
| Department Office/Division/Program: | | DACF/ARD/TEFAP | |
| Department Contract Administrator or Grant Coordinator: | | Jason Hall | |
| (If applicable) Department Reference #: | | | |
| Estimated Contract or Grant Amount: | \$141,615.00 | Advantage CT / RQS #: | 20200626*4098 |
| AMENDMENT | Original Start Date: | | New Start Date: |
| | Original End Date: | | New End Date: |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| ALL OTHER | Proposed Start Date: | 4/1/2020 | Proposed End Date: 12/31/2020 |
| Vendor/Provider/Grantee Name, City, State: | | Maine Outreach Unity, Maine | |
| Brief Description of Goods/Services/Grant: | | Facilitate the dry and frozen storage of USDA foods for TEFAP, collect inventory data, distribution of USDA foods statewide to over 240 ending hunger organizations, and monitoring/inspections of recipient agencies. | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request.

| | | | |
|---|-----------------------------------|---|----------------------------------|
| | A. Competitive Process | X | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| X | C. Single Source/Unique Vendor | X | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| X | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | L. Other Authorization |

PART III: SUPPLEMENTAL QUESTIONS

Please respond to ALL of the following questions.

- 1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.**

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL QUESTIONS

The Emergency Food Assistance Program (TEFAP) has grown over the last few years creating a larger need to efficiently facilitate the program. TEFAP's immediate needs necessary to fulfill program are: larger storage for both dry and frozen USDA foods, fleet of trucks and network to distribute USDA foods statewide; field representatives to conduct inspections of non-profits and conduct allocations statewide; data collection and inventory reporting; ability to initiate recalls; regional meetings with ending hunger organizations to conduct training on food safety, civil rights, and best practices; and emergency response capabilities.

Due to the immediate surge of Trade Mitigation foods, FFCRA and CARES Acts foods, and increased USDA Bonus foods volume, the vendor immediately assumed a role to alleviate capacity constraints at the Cony Warehouse and other vendors.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

We are staffed with 2 persons at the program office and are federally mandated to pass through 40% of administrative funds to ending hunger organizations. Maine Outreach is uniquely qualified for multiple reasons: 30+ years of expertise in hunger relief; 2 facilities statewide to effectively distribute USDA foods; shared network of ending hunger organizations; fleet of trucks for statewide distribution; field representatives for inspections and monitoring of non-profits; emergency response capabilities; and all the necessary equipment to assemble loads of food (lifts, reefer units, etc.).

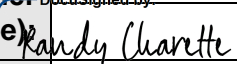
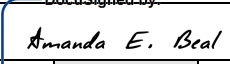
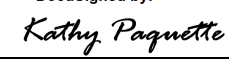
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs are based on current costs associated with warehousing and distribution/trucking statewide. The department has concluded that this approach is fair, reasonable, and efficient.

4. Describe the plan for future competition for the goods or services.

Due to the emergency situation with extra Trade Mitigation funds and COVID-19, the need for an extra vendor was needed. This program is planning to go out to RFP this fall/winter.

PART IV: APPROVALS

| | | | |
|---|--|--------------|--------------------------|
| Signature of requesting Department's Commissioner (or designee) | <i>By signing below, I signify that I approve of this procurement request.</i> | | |
|  |  | | |
| Printed Name: | 8F3DD450C23241F... | Date: | 10/2/2020 10/2/2020 |
| Signature of DAFS Procurement Official: |  | | |
| Printed Name: | 41C2BA36FAF44CD... Kathy Paquette | Date: | 10/5/2020 |

**State of Maine
Procurement Justification Form**